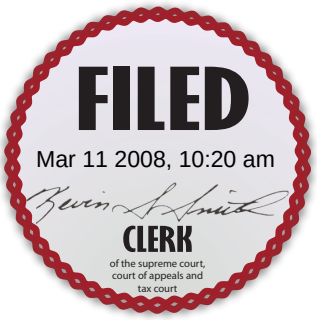

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IN THE
COURT OF APPEALS OF INDIANA

IN THE MATTER OF THE COMMITMENT OF S.C.,	)	
Appellant-Respondent,	)	
vs.	)	No. 49A04-0707-CV-419
WISHARD HEALTH SERVICES, MIDTOWN HEALTH CENTER,	)	
Appellee-Petitioner.	)	

APPEAL FROM THE MARION SUPERIOR COURT
The Honorable Charles J. Deiter, Judge
Cause No. 49D08-0706-MH-25813

March 11, 2008

MEMORANDUM DECISION - NOT FOR PUBLICATION

BARNES, Judge

Case Summary

S.C. appeals her involuntary mental health commitment. We affirm.

Issue

S.C. raises one issue, which we restate as whether there is sufficient evidence to support her commitment.

Facts

In June 2007, fifty-one year old S.C., who had been visiting relatives in Indiana, got into a physical altercation with her seventy-three year old mother. On June 21, 2007, Wishard Health Services/Midtown Community Mental Health Center ("Wishard") petitioned for S.C.'s temporary involuntary commitment. The trial court held a hearing on June 26, 2007, and ordered her temporarily committed until September 24, 2007. S.C. now appeals.

Analysis

S.C. argues that there is not sufficient evidence to support her temporary commitment. "When reviewing a challenge to sufficiency of the evidence, we look to the evidence most favorable to the trial court's decision and all reasonable inferences drawn therefrom." J.S. v. Center for Behavioral Health, 846 N.E.2d 1106, 1111 (Ind. Ct. App. 2006), trans. denied. "If the trial court's commitment order represents a conclusion that a reasonable person could have drawn, the order must be affirmed, even if other reasonable conclusions are possible." Id.

Here, Wishard was required to prove by clear and convincing evidence that: (1) the individual is mentally ill and either dangerous or gravely disabled; and (2) detention

or commitment of that individual is appropriate." See Ind. Code § 12-26-2-5(e). '"Dangerous'. . . means a condition in which an individual as a result of mental illness, presents a substantial risk that the individual will harm the individual or others." I.C. § 12-7-2-53. "Gravely disabled" means a condition in which an individual, as a result of mental illness, is in danger of coming to harm because the individual: (1) is unable to provide for his or her food, clothing, shelter, or other essential human needs; or (2) has a substantial impairment or an obvious deterioration of judgment, reasoning, or behavior that results in the individual's inability to function independently. I.C. § 12-7-2-96.

S.C. does not challenge her diagnosis by Dr. Jeffery Kellams as suffering from "Chronic Paranoid Schizophrenic illness." Tr. p. 8. Instead, S.C. argues there is insufficient evidence that she is either dangerous or gravely disabled. Focusing on the "obvious deterioration" prong of "gravely disabled," S.C. contends, "[i]t is not enough that a person is not functioning perfectly or ideally; the hospital had to prove that S.C. was unable to function independently." Appellant's Br. p. 7.

In support of her argument, S.C. cites to In re Commitment of Steinberg, 821 N.E.2d 385, 389 (Ind. Ct. App. 2004), in which no evidence was presented that Steinberg was unable to provide for any of his needs. In Steinberg, the doctor testified that Steinberg was able to independently go about his activities of daily living while hospitalized at St. Vincent and that Steinberg maintains an apartment in Bloomington, where he lives with a roommate. Id. We concluded, "Nothing in the record indicated that Steinberg was unable to provide for his essential human needs or that he was unable to function independently." Id.

We are faced with a much different case here. Dr. Kellams testified that S.C. has been struggling with chronic paranoid schizophrenia since her early twenties—almost thirty years. Dr. Kellams explained that S.C. was:

> suspicious that people were entering her home, crawling through windows, gaining entry to the attic, made comments that people were being ground up into mulch, and was checking her house frequently, going up into the attic and down into the basement to make sure things were stable, and not problematic. She was wanting to clean the refrigerator frequently for fear that the food had been poisoned. And, that was in fact, apparently, the incident that caused the episode with her mother, because they were cleaning the refrigerator, and she got irritated, and a fight ensued over the food in the refrigerator. . . .

Tr. pp. 7-8. Dr. Kellams stated, "that in addition to her delusional thinking, she is not able to reality test, her judgment is very limited at this point." Id. at 8. Dr. Kellams concluded that S.C. is not so much a danger to herself or others, but that her "grave impairment, and her inability to recognize her need for help, and the vulnerability that that exposes her to, and the world around her." Id. at 9. Dr. Kellams testified that S.C.'s mental condition leaves her unable to provide for her daily needs and that her mental impairment makes it impossible for her to function independently.

Although Dr. Kellams agreed that S.C. had been taking care of her daily activities while hospitalized, this testimony does not contradict Dr. Kellams's earlier testimony. That S.C. can care for herself in a hospital setting does not mandate the conclusion that S.C. can also care for herself outside of the hospital. Further, the fact that S.C. owns a home and might have the financial ability to support herself does not necessarily mean that she has the mental capacity to function on her own. This is especially true when

considering Dr. Kellams's testimony that one of the reasons S.C. came to Indiana "was because she felt the home was part of the delusional system, that there were reasons for her not to live there, that it was not safe, that there were poisons in it, and also other bizarre ideas." Tr. p. 13.

Dr. Kellams's testimony was unequivocal. This evidence alone is clear and convincing evidence that S.C. is gravely disabled. The trial court's commitment order is supported by sufficient evidence.[1]

Conclusion

The trial court's order is supported by sufficient evidence. We affirm.

Affirmed.

NAJAM, J., and BAILEY, J., concur.

[1] Our outcome would remain the same even if we applied a de novo standard of review as urged by S.C.